

11/28/01

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	111	10891	10/18/01
<b>O.I.P.E. CLASSIFIER</b>		18	10-1000
<b>FORMALITY REVIEW</b>	AM	896	10-26-01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	11/28/01
2	11/28/01
3	0
4	0
5	0
6	0
7	0
8	0
9	0
10	0
11	0
12	0
13	0
14	0
15	0
16	0
17	11/28/01
18	11/28/01
19	11/28/01
20	11/28/01
21	11/28/01
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23	11/28/01
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26	11/28/01
27	0
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29	0
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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